



Entity Information

Date _____

Entity Name _____

Contact: _____

S/S or EIN # _____

Phone # (____) _____

Type of Business _____

E-Mail: _____

Address: _____

Contact: _____

City, St., Zip: _____

Phone # (____) _____

Business Phone: (____) _____

E-Mail: _____

Fax # (____) _____

E-Mail: _____

Referred by: _____

Our professional fees will be billed at our standard rates which range from \$130 to \$150 per hour, depending on the level of personnel assigned. Time billed includes telephone consultation, meeting, and tax and accounting research. THERE IS NO CHARGE FOR THE FIRST 20 MINUTES OF YOUR INITIAL VISIT. Statements for our services will be sent on a monthly basis. Billings become delinquent if not paid within 30 days of the invoice date. If billings are past due in excess of 30 days we will stop all work until your account is brought current and or other financial arrangements have been agreed upon.

In order to meet the requirements of the Gramm-Leach-Bliley Act of 1999, our privacy policy of this firm is as follows: We collect nonpublic personal information about you from the following sources: Information we receive from you on client information sheet, tax organizers, worksheets, and other documents, information about your transactions with us, our affiliates, or others, and information we receive from a consumer reporting agency. We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as permitted by law. We restrict access to nonpublic personal information about you to those members of our firm who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with Federal regulations to guard your nonpublic personal information.

Signature: _____

Signature: _____